

# APPLICATION FOR ENROLLMENT



**Ebenezer**  
CHILD CARE FROM THE HEART

**CENTER: (Please check one)**

Downtown Center    Oak Creek Center    West Allis/Wauwatosa Center

**There is a registration fee payable at the time of application.**

**REFERRAL:**

How did you learn about Ebenezer?

Ebenezer Website    Radio Ad    Friend    Newspaper/Magazine    Saw Building  
 Employer    W-2 Agency    Work Options    School    White Pages  
 Facebook    Flyer: Please be Specific Where: \_\_\_\_\_  
 Yellow Pages    TV: Specify program or channel: \_\_\_\_\_    Other: \_\_\_\_\_

**INFORMATION ON PARENTS/GUARDIANS:**

**Name of Parent 1** \_\_\_\_\_

Parent 1's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Ext \_\_\_\_\_

Place of:  Employment    School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ ( ) Work   ( ) Home

Hours of:  Work    School \_\_\_\_\_ AM   \_\_\_\_\_ PM

**Name of Parent 2** \_\_\_\_\_

Parent 1's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Ext \_\_\_\_\_

Place of:  Employment    School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ ( ) Work   ( ) Home

Hours of:  Work    School \_\_\_\_\_ AM   \_\_\_\_\_ PM

**INFORMATION ON CHILD:**

**Full Name** \_\_\_\_\_  Female    Male   Birth date \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

First Day of Attendance \_\_\_\_\_

Please indicate care needed:

<u>DAYS</u>	<u>HOURS</u>
<input type="checkbox"/> Monday	From _____ To _____
<input type="checkbox"/> Tuesday	From _____ To _____
<input type="checkbox"/> Wednesday	From _____ To _____
<input type="checkbox"/> Thursday	From _____ To _____
<input type="checkbox"/> Friday	From _____ To _____

Yes    No   I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.

Yes    No   I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

**Office Use Only**

**Assigned Classroom:** \_\_\_\_\_

**PERMISSION FOR EMERGENCY TREATMENT:**

I give my permission for professional emergency medical treatment to be given to my child \_\_\_\_\_ in the event no one can be contacted or is present.

Parents/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*(In case of accident or illness, we will notify you. In case of serious accident or illness and/or in the event no one can be contacted, your child will be taken to the nearest hospital or \_\_\_\_\_ (Family HMO Facility).*

*Financial responsibility for emergency treatment is a parental one.)*

**PHYSICIAN INFORMATION:**

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

In case of emergency, whom shall we notify if we are unable to reach Parent or Guardian?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**AUTHORIZED PICK-UP FOR CHILD:**

If you do not pick-up your child, who is authorized to do so?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

*(Your child will not be released to any other individual. If changes are desired, you must notify the Center in writing.)*

**FINANCIAL:**

Check One:

I understand that my weekly fee is \_\_\_\_\_. I agree to assume full financial responsibility for the fees and will make regular payments as indicated in the Tuition & Fee Policies brochure that I have received. I understand if my child is picked-up after the designated closing time, a "Late Fee" will be assessed.

I will receive W-2 Child Care Funding. I agree to be responsible for my portion of the fee (if any) and will pay those fees in accordance with the agency's policy. If I become ineligible for W-2 Child Care Funding, I will notify the Center Coordinator immediately and will make arrangements either to pay the fees privately or to withdraw my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

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